ACGME Requirements
Review and Comment Form

Title of Requirements	Common Program Requirements, Section VI: The Learning and Working Environment

Organizations submitting comments should indicate whether the comments represent a consensus opinion of its membership or whether they are a compilation of individual comments.

Select [X] only one	
Organization (consensus opinion of membership)	X
Organization (compilation of individual comments)	
Review Committee	
Designated Institutional Official	
Program Director in the Specialty	
Resident/Fellow	
Other (specify):	

Name	Myria Stanley
Title	Education Manager
Organization	The American Orthopaedic Association

As part of the ongoing effort to encourage the participation of the graduate medical education community in the process of revising requirements, the ACGME may publish some or all of the comments it receives on the ACGME website. By submitting your comments, the ACGME will consider your consent granted. If you or your organization does not consent to the publication of any comments, please indicate such below.

The ACGME welcomes comments, including support, concerns, or other feedback, regarding the proposed requirements. For focused revisions, only submit comments on those requirements being revised. Comments must be submitted electronically and must reference the requirement(s) by both line number and requirement number. Add rows as necessary.

	Line Number(s)	**Requirement Number**	**Comment(s)/Rationale**
1			The Council of Orthopaedic Residency Directors (“CORD”) and its parent organization, the American Orthopaedic Association (“AOA”), appreciate the opportunity to submit a position paper on Section VI of the ACGME Common Program Requirements. These recommendations come from discussions at the leadership level within our organization as well as

	Line Number(s)	Requirement Number	Comment(s)/Rationale
			direct survey feedback of orthopaedic program directors. We recognize that the Common Program Requirements apply to all medical disciplines as we all provide significant education in professional development, clinical knowledge and technical skills training. Our specialty weights all three areas equally and is responsible for a broad range of technical training in environments both within and outside of the operating room. Our comments account for this. We'd like to highlight the importance of two points: first, the revisions reflect a team-based approach to education that promotes both faculty participation and the ability for a resident to experience the principles of what our profession is about; and second, they emphasize patient-centered education. Developing independent practice skills is a progressive process that requires significant attention to both these issues. The new core requirements are well-meaning. There are two main issues of concern: the first is a documentation burden and the second is a lack of structural clarity. Both can be addressed with specialty specific requirements, but we feel the same concerns will exist for all physicians in training.
2	72, 82, 107	VI.A.1.a).(1).(b); VI.A.1.a).(2); VI.A.1.a).(3).(b)	These core requirements are likely to result in significant burden of documentation issues both in terms of recording data in our current education system and in terms of collecting and reporting it to the ACGME as programs do not have systems in place that provide for this degree of granularity in collection and reporting.
3	133	VI.A.1.a)(4)(a)	This area requires curricular changes that are universal to being a physician rather than specialty specific. We appreciate the NAS concept allowing individual programs to create individual tools, but this is one area where guidance is preferred. This requirement could be taught in many formats.
4	408	VI.C.1.e)	This covers specific areas such as depression and substance abuse where there is specific medical expertise within one subspecialty. Best practice concepts could be applied here.
5	50, 221,	VI.A.	We believe the goal of a structured chain of responsibility is preparation for independent

	Line Number(s)	Requirement Number	Comment(s)/Rationale
	332		practice. Please define "must demonstrate" – it is used frequently but without indication of how or to whom. We recognize the importance of flexibility but the use of examples in the commentary would be helpful. There is concern about how these standards will be measured and about the increased burden to program administration.
6	318	VI.B.2.b.	There is concern that the language of this section should be clearer. We recognize the intent of this section is to protect residents from service obligations, but physicians need to acquire skills in these areas as well. The descriptions used could be interpreted broadly with the unintended consequence of a resident activity being seen as "beneath" the role of physician.
7	404-410	VI.C.	Orthopaedics is one of the specialties with the highest rate of burnout, which is recognized by the orthopaedic community. We accept section VI.C although like all specialties we struggle with the meaning and measurement of "well-being." We strongly support the addition of language that helps programs with specific definitions and management of these issues before adding requirements below the institutional level. We respectfully point out that both residents and faculty should be considered here as is now done with adding language specific to faculty development in I-V.
8	520, 522, 548	VI.F.1.	The significant concern with this section is specifically related to the inclusion of the term "educational activities." We accept the addition of language including clinical work done from home and moonlighting, particularly considering the increased demands of the electronic medical record and increasing institutional requirements for documentation standards. We also accept the specific clinical hours' structure as outlined. We recognize that program culture is the most important determinant of whether a resident can independently decide to work beyond service hours in either the clinical or educational environment. However, we object to the inclusion of limits on educational activities as it is inconsistent with the concept that residents are adult learners and should be able to make some decisions on their own. We should allow a resident to decide whether he or she would like to attend an educational conference at some point

	Line Number(s)	Requirement Number	Comment(s)/Rationale
			after a 24-hour shift, if he or she is not coerced. The section as written would prohibit this ability. We recognize the educational demands on residents are high (both required topics in the world of graduate medical education and the increasing breadth within each specialty), and we recognize that residents struggle to balance their learning and their personal lives.
9			

General Comments:

It is clear that the promotion of professionalism and teamwork to residents is a major focus of this revision. This is an improvement, and a challenge. We recognize it is the program director's responsibility to monitor the program's ability to promote and educate on medical professionalism and teamwork; to design a curriculum consistent with those goals; and to educate our residents and our faculty in the best ways to achieve these goals. We acknowledge a concerted effort at the ACGME to help program directors develop those skills in a clinical world where the ability to take advantage of opportunities is limited. Given these other demands, the orthopaedic program director community requests more rather than less definition in how best to achieve these goals.

We appreciate the opportunity to provide our impressions of the revised Common Program Requirements, Section VI. If you have any questions, please feel free to contact Kristin Olds Glavin, Esq., Executive Director, at glavin@aoassn.org.